

In the Specification

Replace original paragraphs with the following paragraphs:

[0001] The present application is related to four co-pending and commonly-owned application filed on even date herewith, the disclosure of each is hereby incorporated by reference in its entirety:

"Anastomosis Wire Ring Device", Serial No. 10/674,371 to Don Tanaka, Mark Ortiz and Darrel Powell;

"Applier For Fastener For Single Lumen Access Anastomosis", Serial No. 10/675,077 to Mark Ortiz;

"Unfolding Anastomosis Ring Device", Serial No. 10/675,091 to Jean Beaupre; and

"Single Lumen Access Deployable Ring for Intraluminal Anastomosis", Serial No. 10/675,075 to Mark Ortiz.

After a paragraph [0029] previously presented in a 02-February-2006 Preliminary Amendment, please append new paragraphs [0030]-[0034] at the end of Brief Description of the Figures:

[0030] FIGURE 15 is an isometric view of an applier incorporating a veress needle distal piercing tip that facilitates insufflation of a pierced tissue lumen and avoids inadvertent tissue damage.

[0031] FIGURE 16 is a longitudinal cross sectional view of a veress needle bobbin of the applier of FIG. 15.

[0032] FIGURE 17 is perspective, exploded and partially cutaway view of a distal portion of the applier of FIG. 15.

[0033] FIGURE 18 is a perspective view of the vertress needle distal piercing tip in an unactuated position for shielding a cutting surface and presenting a gas exit hole for lumen insufflation.

[0034] FIGURE 19 is a perspective view of the vertress needle distal piercing tip in an actuated position for exposing the cutting surface for forming an anastomosis site between tissue lumens.

Please insert original paragraph [0029] (now paragraph [0035]) at the beginning of the “Detailed Description of the Invention” that was inadvertently deleted by the aforementioned Preliminary Amendment:

[0035] Turning to the Drawings, wherein like numerals denote like components throughout the several views, FIG. 1 depicts an applier 10 that advantageously laparoscopically or endoscopically deploys and actuates an anastomotic ring device 12 from a generally cylindrical shape to one having properties of a hollow rivet, or ring, capable of forming an astomotic attachment at an anastomosis target site, such as in a bariatric gastric bypass of a morbidly obese patient 16. In the illustrative version, the anastomotic ring device 12 comprises a shape memory effect (SME) material such as nitinol that further assists in actuation to an engaging hollow rivet shape.

Replace originally filed paragraph [0036] (now [0042]), with the following revised text:

[0042] Inserting the cannula 13 into the distal lumen and later withdrawing the cannula 13 from both the distal and proximal lumens is facilitated by incorporating a tapered tip 24 with a distal piercing ~~surface~~ in the form tube 201 of a veress needle 200 that avoids inadvertent damage to tissue and may advantageously inflate the lumens, as depicted in greater detail in FIGS. 15-19. The distal piercing tube 201 of the veress needle 200 has a syringe knife tip 202 within which a ball tip 204 translates. As the veress needle 200 26 is pressed against the tissue walls 30, 32, the ball tip 204 springedly withdraws into the distal piercing tube 201 of the veress needle 26 200 exposing the piercing surfaces syringe knife tip 202 (FIG. 19). A spring 206 has a distal end received by a cylindrically narrowed portion 208 formed around a proximal portion of a generally cylindrical bobbin 210 that longitudinally reciprocates within a cylindrical bobbin cavity 212 formed in an aft portion of a handle 214. A proximal end of the spring 206 abuts a

proximal inner surface of the bobbin cavity 212, urging the bobbin 210 distally. Once through, tissue more distal is generally not positioned under tension and is displaced by the extended ball tip 204 rather than traumatically encountering the knife tip 202 (FIG. 18). The veress needle 26 200 may advantageously be in pneumatic communication with a hollow internal tube 48 216 with the ball tip 204 presenting a lateral orifice 218 when extended. Thus, air pressure may be introduced into the proximal and distal lumens so that the actuating actuation member 20 may actuate without being impeded by collapsed tissue and also be withdrawn without impediment. An air port 219 on the handle [[34]] 214 that communicates with the veress needle 26 200 provides a port for the insufflation. For a relatively small port (e.g., 1/16 inch), the port may be left unclosed when not in use without allowing a significant amount of air loss through the instrument 10.